## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHODS FOR FABRICATING CELLULAR CUSHIONS**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

Address all telephone calls to Kevin Gerard Fraser at telephone number (618) 632-7474.

Address all correspondence to:

Kevin Gerard Fraser

116 Woods Edge Drive Belleville, Illinois 62221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## Sole or First Inventor:

Full Name:_		erard Fr	aser				, ,	
Signature: Residence:	Den	i-R	red	My		Date:	7/23/03	
Residence:	116 Wo	ods Edge	Drive,	Bellevi	lle, Illin	ois 62221		
Citizenship:_	_	USA						
Post Office A	Address:	S	ame as a	bove				